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CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



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January 20, 1940

GUY P. JONES
EDITOR

Cauterization of Wounds From Dog Bites is Necessary

By W. H. KELLOGG, M.D., Chief, Division of Laboratories, California State Department of Public Health

The effectiveness of cauterization of wounds from bites of rabid dogs has been questioned recently, although this is a certain, well-founded and time-tried method of preventing rabies. The procedure was established even before the days of Pasteur, and has been confirmed scientifically since that time. It is essential, therefore, that the subject be reviewed at the present time in order that health officers and public health workers in general may be assured of the value that lies in the immediate cauterization of such wounds.

It is recognized that the Pasteur treatment is not 100 per cent effective, because it is unable to protect against more than two or three minimal infective doses or to develop the requisite degree of immunity in cases where the incubation period is short. Therefore, any other form of treatment in which there is any hope whatsoever of exerting a preventive influence must be applied. The only other treatment now available is cautery, either actual, as in the days of Pasteur, or by nitric acid, which is used commonly at the present time.

The rationality of this procedure can be appreciated readily by a consideration of certain factors that concern virus invasions, particularly the virus of rabies. Any one who has ever tried to stop a smallpox vaccination "take" by scrubbing with soap and water or even by the application of iodine will appreciate the need of a destructive agent—one that

is destructive alike to the tissues and to the virus that is still superficial. That the virus of rabies can be present in the wound for a considerable time and not carried away rapidly by the lymphatics is an indisputable fact. For that reason, any rabies virus that may be taken up by the lymphatics is rendered *hors de combat*.

Rabies can not be produced experimentally by introducing large quantities of the virus into milk that may be fed to susceptible animals. The disease is never produced through the consumption of milk from rabid animals, although the virus, it is reported, has been demonstrated in milk. The writer of this article has inoculated subcutaneously in rabbits a thousand minimal infective doses of fixed virus without producing infection.

The portal of entry of the rabies virus in nature is not the lymphatics or the blood stream, but the nerves. It is by way of the nerve trunks that the virus travels from the small branches in the superficial tissues to the cord and brain. The rate of travel is slow which accounts for the long incubation period of the disease. It is obvious that when the inoculation is near the brain the incubation period is shorter, because the distance of travel is shorter.

While it is true that experimental infection can be produced by intravenous inoculation, the doses required are enormous, as compared to the natural method of inoculation by animal bite, and the re-

sults are uncertain and irregular. There is no evidence that natural infection ever occurs by way of the blood stream. Animals survive experimental nerve inoculations when the nerve trunk central to the site of an inoculation is resected, while the resected nerves themselves are infective. It has also been shown that the portion of the spinal cord in connection with an infected nerve becomes infective before the rest of the central nervous system (Marie et al, 1927). Even the infectious quality of saliva is not due to any involvement of the salivary gland tissue, but the presence in them of neurons, which may occur as single cells or as ganglionic aggregations and which are seated just under the epithelium, the virus being set free from the neurons by abrasion of the epithelium (Topley and Wilson). The virus may spread centrifugally from the brain and be found in such nerves as the brachial and sciatic (Nicalou and Galloway, 1928).

Fuming nitric acid destroys both tissues and virus, not only on the surface contacted, but the effect penetrates for a limited although appreciable depth. The contention that one can not reach absolutely all corners which harbor virus and that for this reason cauterization is useless, is without merit. The importance of dosage in relation to the chance of successful infection in all diseases is well known. The principle is of manifold importance in rabies, where the vaccination treatment is capable of generating a resistance against only a limited amount of virus. It is therefore most essential that the specific treatment be aided by a reduction of the force it has to combat and this aid is very effectively given by a thorough cauterization of the wound. Cauterized wounds heal readily and consideration of scarring have no weight whatever. Indeed, bites on the face, where cauterization is most likely to be withheld because of the fear of scarring, are precisely those that above all others require thorough treatment for reasons previously referred to.

As between prompt and thorough cauterization and the Pasteur treatment, there is a question as to which, used alone, would be the more effective. In my opinion, if all the facts were known, it would be found that cauterization is the more valuable. The various estimates of the percentage of success of the vaccine treatment are subject to considerable modification, because of the many unknown factors that tend to swell the number of cases that should not be entered in this series. There are such things as the amount of virus introduced (only one out of six develops rabies without treatment), bites through clothing, question of rabies in the dog, etc.

Everything considered, the omission of cauterization by a physician who knows these facts is nothing short of criminal.

PUBLIC HEALTH NURSES GRANTED CERTIFICATES

Having passed the regular December examination for certificate as public health nurse, conducted by the California State Board of Public Health, the following nurses were granted certificates:

Ruth Ramona Bronson	Irmgard Hoelscher
Kathleen Mae Campbell	Mary Ellen Mahoney Kelley
Delia M. Kintzi Chaffin	Helen T. Manley
Dora Caplin Crystal	Signa Martin
Carolyn G. DeBolt	Ruth Nathason
Marie K. Dennerle	Eleanor F. Walker
Frances A. Harris	Helen F. Wright

The following nurses were granted certificates without examination:

Juliet Fern Van Vleck Busch	Marie L. Luke
Doris Marian Coolidge	Margaret Virginia Mayo
Eloise Clarke Emerson	Anita Lucille Morehouse
Ethel Hammond	Isabelle M. O'Day
Rose Caplan	Julia B. Powell
Florence Rebecca Laird	La Verne Rystrom
Lucille Langer	E. Helen Johnson Thom
Ernestine Lillian Loehwing	Clara Audeen Wilson
Opal Elizabeth Lewis	Eleanor Lucille Wood
Clara G. Lawrence	

HEARING DEFECTS TRACED TO INFECTIONS

Gardner* reports from a hearing survey conducted in his clinic a close relationship between infections of the nose and throat and hearing difficulties. From studies made with the group audiometer he finds that of all children found defective in hearing:

- 75-90 per cent report a history of ear troubles
- 60-80 per cent report a history of earaches
- 30-40 per cent report a history of running ears
- 10-18 per cent have running ears at the time of the test
- 50-60 per cent report ear noises
- 20-25 per cent report hard of hearing relatives
- 30-40 per cent report chronic colds
- 20-35 per cent breathe through their mouths
- 30-40 per cent have suspicious tonsils
- 10-20 per cent have wax or debris plugging the outer canal
- 60-80 per cent have scars on their drum membranes.

* Warren H. Gardner, Ph.D. The American School Board Journal, 99 (November, 1939). Abstracted by Earl E. Kleinschmidt, M.D., in The Journal of School Health (January, 1940).

NEW HEALTH OFFICER IN TUOLUMNE

Dr. Henry C. Rixford of Sonora has been appointed health officer of Tuolumne County, succeeding Dr. Harold Schwing.

LEADING CAUSES OF DEATH

Records of the U. S. Bureau of Census show that nine causes accounted for almost 72 per cent of all deaths in the United States for 1937. The relative importance of different diseases from the standpoint of mortality varies greatly at different age periods during the span of life. Heart disease takes more lives than any other condition. "Influenza and pneumonia" stands high in the list for all age groups except old age and causes the largest percentage of deaths in the age groups 1-4 and 5-19. Despite the progress made in the control of diarrhea, enteritis, whooping cough and diphtheria, they still take too large a toll of lives in the childhood group. Congenital malformations and diseases of early infancy cause more than 51 per cent of the deaths under one year of age. Diseases of the heart, cancer, nephritis and diabetes mellitus are less important causes of death in the younger age groups but are chief causes for the adult periods. Tuberculosis is an important cause of death in every age except infancy, and motor vehicle accidents in every age period except the youngest and oldest, standing highest during the period of youth, 5-19 years.

The following tables show a marked shift in the crude death rates for major causes in the periods 1900 and 1937:

	Death rate per 100,000 population
1900	
1. Influenza and pneumonia	207.2
2. Tuberculosis (all forms)	201.2
3. Diarrhea and enteritis	133.2
4. Heart disease	111.2
5. Nephritis and Bright's Disease	89.0
6. Cerebral hemorrhage (apoplexy)	67.5
7. Cancer	63.0
8. Bronchitis	45.7
9. Diphtheria	43.3
1937	
1. Heart diseases (including diseases of the coronary arteries and angina pectoris)	268.1
2. Influenza and pneumonia	114.5
3. Cancer	112.0
4. Cerebral hemorrhage	86.5
5. Nephritis	79.6
6. Tuberculosis (all forms)	53.6
7. Motor-vehicle accidents	30.7
8. Diabetes	23.7
9. Arteriosclerosis	17.8

The typhoid fever death rate has been reduced from 35.9 per 100,000 in 1900 to 2.1 in 1937.—*Pasadena Health Happenings*.

Leisure, like wealth, comes to him who has skill in planning; it is seldom put to good uses if it is ill got. It will do the possessor most good who has earned it. To have it and not use it makes a miser. To misuse it makes a spendthrift. To use it well is the mark of a wise man.—Leon J. Richardson.

URBAN POPULATION GROWS

The proportion of the population of the United States living in urban districts increased from 5.1 per cent at the time of the first census in 1790 to 56.2 per cent in 1930.

The urban population of California increased from 7.4 per cent in 1850, when the first state census was taken, to 73.3 per cent in 1930. There is every indication that this percentage will be considerably higher when the results of the 1940 census are made known. The total population of California, together with the urban populations and the percentages of the total population for the decades beginning with 1850, are as follows:

Year	Total population	Urban population	Per cent urban
1850	92,597	6,820	7.4
1860	379,994	78,651	20.7
1870	560,247	208,438	37.2
1880	864,694	370,611	42.9
1890	1,213,398	589,464	48.6
1900	1,485,053	776,820	52.3
1910	2,377,549	1,468,419	61.8
1920	3,426,861	2,326,959	67.9
1930	5,677,251	4,160,596	73.3

Only five other states in 1930 had higher percentages of urban population than California: Rhode Island, 92.4 per cent; Massachusetts, 90.2 per cent; New York, 83.6 per cent; New Jersey, 82.6 per cent and Illinois, 73.9 per cent.

The remarkable expansion in the urban population of California coincided with the remarkable expansion of urban growth in the southern part of the state. The 1900 census was the first which showed California's urban population was more than 50 per cent of the total population.

In 1930 there were 21 states in which more than half of the population was urban. The census dates on which these states were first shown to have more than half their population living in urban territory may be of some significance as indicating the geographic progress of urbanization over the country. Massachusetts and Rhode Island were the first of these states, their population being returned as more than 50 per cent urban in 1850. New York was added to the list in 1870, New Jersey in 1880, Connecticut in 1890, and in 1900 Pennsylvania, Illinois, and California. At the beginning of the present century, there were only eight states in which the population was more than one-half urban. In 1910, New Hampshire, Ohio, Maryland, Colorado, and Washington were added to the list; in 1920, Indiana, Michigan, and Delaware; and in 1930, Wisconsin, Missouri, Florida, Utah, and Oregon.

MORBIDITY**Complete Reports for Following Diseases for Week Ending January 13, 1940****Chickenpox**

921 cases: Alameda County 9, Alameda 2, Berkeley 7, Oakland 48, San Leandro 5, Butte County 3, Chico 2, Contra Costa County 4, El Cerrito 1, Pittsburg 5, Fresno County 16, Coalinga 2, Fresno 13, Kingsburg 3, Imperial County 1, Brawley 1, Inyo County 2, Bishop 4, Kern County 53, Delano 2, Kings County 50, Los Angeles County 13, Alhambra 11, Burbank 18, Claremont 1, Compton 3, Glendora 1, Inglewood 3, Long Beach 14, Los Angeles 40, Manhattan 12, Pasadena 1, Pomona 2, Lynwood 10, South Gate 1, Gardena 1, Madera County 7, Marin County 1, Sausalito 4, Mendocino County 23, Monterey County 13, Carmel 1, King City 9, Monterey 13, Salinas 4, Napa County 1, Orange County 13, Brea 1, Newport Beach 8, Santa Ana 6, Laguna Beach 1, Riverside County 9, Riverside 10, Indio 1, Sacramento County 16, Sacramento 9, San Bernardino County 8, Redlands 2, Upland 1, San Diego County 3, Oceanside 5, San Diego 7, San Francisco 134, San Joaquin County 13, Lodi 1, Stockton 40, Paso Robles 3, San Luis Obispo 6, Daly City 4, Redwood City 1, San Mateo 4, San Carlos 14, Belmont 1, Santa Barbara County 4, Santa Barbara 6, Santa Clara County 12, Mountain View 1, Palo Alto 3, San Jose 19, Santa Cruz 24, Shasta County 6, Yreka 1, Solano County 9, Vallejo 1, Sonoma County 2, Petaluma 7, Santa Rosa 2, Stanislaus County 5, Modesto 2, Oakdale 5, Sutter County 14, Red Bluff 2, Tulare County 9, Lindsay 1, Tulare 1, Visalia 1, Ventura County 8, Oxnard 1, Ojai 9, Davis 2, Woodland 1, Yuba County 2.

Diphtheria

18 cases: Imperial County 1, Kern County 1, Los Angeles County 3, San Fernando 2, Madera County 3, Sacramento 3, Colton 1, San Diego 1, San Francisco 1, San Luis Obispo County 1, Yuba County 1.

German Measles

26 cases: Berkeley 2, Contra Costa County 4, Kern County 1, Los Angeles County 2, Long Beach 2, Anaheim 1, Sacramento County 1, Sacramento 1, San Diego 1, Tracy 1, Siskiyou County 2, Yreka 4, Tulare 4.

Influenza

287 cases: Oakland 1, Crescent City 3, Fresno County 4, Kern County 1, Los Angeles County 12, Arcadia 1, Burbank 1, El Monte 2, Glendale 4, Hermosa 1, Huntington Park 2, Long Beach 3, Los Angeles 76, Montebello 1, Whittier 2, Los Banos 149, Orange County 1, Santa Ana 3, Riverside County 3, Sacramento 1, San Bernardino County 5, San Francisco 2, Corning 6, Tulare County 3.

Malaria

One case: Los Angeles.

Measles

330 cases: Berkeley 1, Oakland 1, Contra Costa County 3, Fresno 1, Eureka 1, Kern County 63, Bakersfield 1, Kings County 1, Los Angeles County 4, Glendale 1, Los Angeles 13, Pasadena 1, San Fernando 10, South Pasadena 1, Salinas 1, Orange County 1, Santa Ana 3, La Habra 1, San Jacinto 1, Sacramento County 5, Sacramento 1, Upland 1, San Diego County 15, Chula Vista 5, National City 36, San Diego 119, San Francisco 3, San Joaquin County 1, Stockton 2, San Luis Obispo 1, Siskiyou County 2, Yreka 8, Sonoma County 2, Petaluma 1, Santa Rosa 1, Tulare County 12, Tulare 2, Oxnard 1, Yolo County 2, Winters 1.

Mumps

403 cases: Alameda County 2, Berkeley 27, Oakland 9, Butte County 3, Gridley 8, Fresno County 15, Imperial County 2, Kern County 20, Bakersfield 1, Kings County 33, Lake County 1, Los Angeles County 10, Culver City 1, Glendale 1, Inglewood 1, Long Beach 9, Los Angeles 25, Pasadena 3, San Marino 1, South Pasadena 1, Mendocino County 2, Mono County 1, Napa County 1, Calistoga 1, St. Helena 2, Orange County 3, Anaheim 10, Brea 6, Newport Beach 2, Banning 10, Corona 1, Palm Springs 6, San Bernardino County 2, San Bernardino 1, San Diego 1, San Francisco 49, San Joaquin County 19, Stockton 14, San Luis Obispo County 5, Hillsborough 1, San Mateo 11, Santa Barbara County 1, Santa Barbara 1, Santa Maria 1, Santa Clara County 12, Mountain View 25, Palo Alto 7, San Jose 1, Sunnyvale 3, Siskiyou County 1, Sonoma County 1, Stanislaus County 1, Oakdale 2, Sutter County 4, Red Bluff 1, Tulare County 18, Visalia 1, Yolo County 1, Davis 1.

Pneumonia (Lobar)

87 cases: Alameda County 1, Berkeley 4, Oakland 9, San Leandro 1, Los Angeles County 11, Alhambra 1, Compton 1, Long Beach 2, Los Angeles 21, Pasadena 1, San Gabriel 1, Santa Monica 1, South Gate 1, Newport Beach 1, Riverside County 1, Sacramento County 3, Sacramento 2, San Bernardino County 1, Ontario 1, Upland 1, San Diego 2, San Francisco 6, San Luis Obispo County 1, Santa Barbara 2, Palo Alto 1, Sonoma County 1, Petaluma 2, Santa Rosa 2, Modesto 1, Yuba County 1, Marysville 2, California 1.*

Scarlet Fever

177 cases: Berkeley 2, Oakland 4, Colusa 1, Fresno County 4, Fowler 1, Fresno 1, Selma 6, Imperial County 1, El Centro 1, Kern County 7, Kings County 3, Lake County 1, Los Angeles County 21, Compton 2, Huntington Park 1, Inglewood 1, Long Beach 3, Los Angeles 27, Pomona 1, San Gabriel 1, Whittier 1, Lynwood 1, South Gate 3, Marin County 1, Mendocino County 5, Merced County 1, Napa County 1, Calistoga 1, St. Helena 2, Orange County 1, Fullerton 1, Seal Beach 1, Tustin 1, Riverside County 3, Beaumont 1, San Jacinto 1, Sacramento 2, Hollister 1, San Bernardino County 1, Redlands 1, San Diego County 3, San Diego 5, San Francisco 14, San Joaquin County 1, Stockton 3, San Luis Obispo 4, Santa Barbara 1, Santa Clara County 1, Mountain View 1, San Jose 1, Shasta County 1, Sonoma County 2, Sutter County 1, Tulare County 3, Exeter 1, Visalia 1, Ventura County 3, Ventura 6, Davis 5, Yuba County 1.

Smallpox

No cases reported.

Typhoid Fever

One case: Long Beach.

Whooping Cough

197 cases: Alameda 1, Oakland 3, Colusa 5, Fresno 1, Kern County 11, Bakersfield 1, Tehachapi 1, Lake County 3, Los Angeles County 48, Alhambra 1, Los Angeles 9, Pasadena 1, Santa Monica 1, Whittier 5, Lynwood 1, Monterey County 2, Orange County 1, Santa Ana 3, Beaumont 2, Riverside 3, San Jacinto 3, Indio 1, Palm Springs 2, San Diego County 1, San Francisco 23, Daly City 2, Santa Barbara County 1, Santa Clara County 13, Mountain View 1, Palo Alto 2, San Jose 10, Sonoma County 3, Petaluma 4, Stanislaus County 3, Sutter County 10, Tulare County 9, Lindsay 4, Tulare 2.

Meningitis (Epidemic)

One case: Santa Rosa.

Dysentery (Amoebic)

One case: San Francisco.

Dysentery (Bacillary)

5 cases: Fresno 1, Los Angeles 1, Whittier 1, San Francisco 2.

Leprosy

One case: Los Angeles.

Poliomyelitis

14 cases: Alameda 1, Kern County 7, Bakersfield 1, Los Angeles 2, Anaheim 1, Oakdale 2.

Trachoma

One case: Riverside County.

Trichinosis

One case: Petaluma.

Jaundice (Epidemic)

2 cases: Stockton.

Food Poisoning

14 cases: Los Angeles County 4, Newport Beach 2, San Francisco 2, Stockton 6.

Undulant Fever

2 cases: Butte County 1, Huntington Beach 1.

Septic Sore Throat

3 cases: Pasadena 1, Yolo County 2.

Epilepsy

49 cases: Berkeley 1, Oakland 5, Fresno County 1, Selma 2, Los Angeles County 3, Glendale 1, Los Angeles 24, Santa Monica 1, San Francisco 7, Sonoma County 3, Visalia 1.

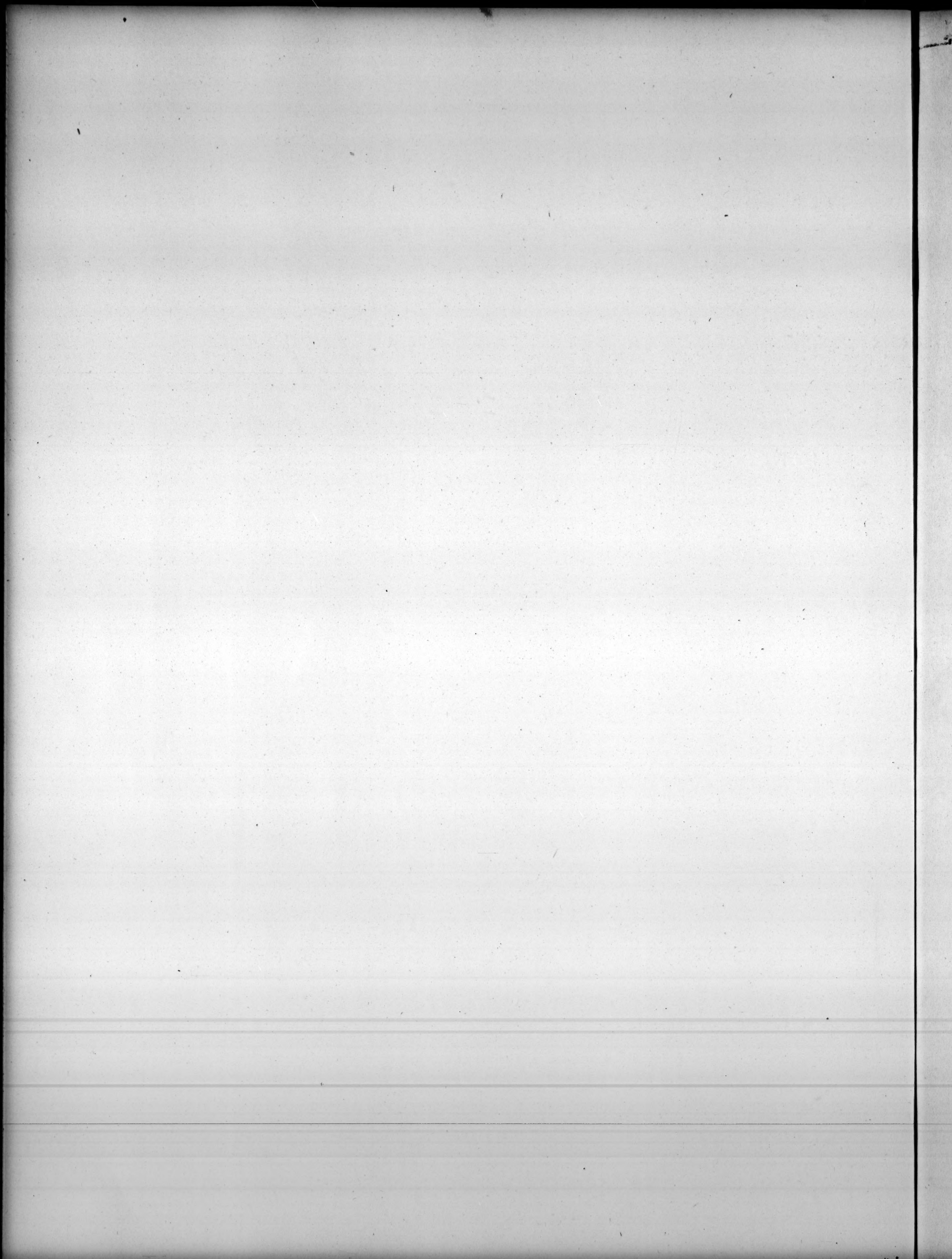
Rabies (Animal)

6 cases: Los Angeles County 2, Los Angeles 1, San Francisco 3.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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California, ~~State~~ Department of Public Health

Bertram P. Brown, M.D., Director

WEEKLY BULLETIN

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Guy P. Jones
Editor

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UNIV OF CALIF
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MEDICAL SCHOOL

Herbert P. Brown, M.D., Director

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Guy P. Jones
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23	6	Newspapers Support Venereal Campaign
25	6	Court Opinion Absolves Clinic
79	20	Venereal Disease Public Health Nursing
82	21	State Laboratory Makes Many Blood Tests
82	21	Clinics are Active
82	21	Venereal Disease Cases Reported
139	32	Venereal Disease in Defense Program
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183	45	State Board Cooperates in Venereal Disease Control
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VITAL STATISTICS

13	4	California Birth Rate Continues Its Rise
14	4	New Birth & Death Certificates Issued
23	6	Infant-Care Program Announced
30	8	Los Angeles County Sends Birth Notifications
72	19	Birth Registration Test
83	21	Marriages Continue to Decrease
85	21	Why Register Births and Deaths
87	22	The Development of Registration in the United States
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